

**แบบฟอร์มการประเมินผู้ป่วยและปรึกษาทางการแพทย์ก่อนบิน**  
**(Pre-flight Assessment and Flight Medical Director Consultation)**

ชื่อผู้ป่วย.....อายุ.....ปี.....วัน ID..... HN..... AN.....  
 สิทธิการรักษา.....รพต้นทาง.....รพ.ปลายทาง.....  
 ประวัติแพ้ยา.....แพทย์ผู้ดูแล.....แพทย์อำนวยความสะดวก.....  
 โทร.....โทร.....

**Mechanism of injury/illness:**.....  
 .....  
**Dx:**.....  
**Intervention**  yes  No  
 1.....Date.....  
 2.....Date.....  
 3.....Date.....

**Physical status** (NSF=No Singnificant Finding)

**GA:**  NSF  confuse  Depress  Drowsy  Anxious  
 Disorient  Unresponsive  
**Sedated :** Drug.....time..... **Restraint :** time.....

**Airway :**  NSF  Stridor  Secretion  injury  Bleeding  
 Orai airway  Nasal airway  Nasotracheal tube  Orotracheal tube  
 tracheostomy tube : Cuffed /uncuffed NO.....Fix.....Cm

**Respi :**  NSF  Tachypypnea  Dyspnea  Wheezing  
 O2 Cannular  O2 Mask  Collar Mask  T-piece .....LPM

Ventilator mode CMV- SIMV- CPAP- BIPAP Vt.....ml  
 FIO2..... Rate...../min I:E..... Peak flow.....l/min  
 PEEP.....cmH2O PS.....cmH2O

**CVS :**  NSF  Orthopnea  Dyspnea  Active bleed  Pale  
 Edema  DVT risk

Neuro : E..... V..... M.....	Motor power <table style="width: 100%; height: 40px; border: 1px solid black;"> <tr><td style="border-right: 1px solid black; border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-right: 1px solid black;"></td><td></td></tr> </table>					pupil size react Rt ..... Lt .....

<b>Deformity&amp;Protection :</b> <input type="checkbox"/> NSF <input type="checkbox"/> Collar <input type="checkbox"/> Traction <input type="checkbox"/> Cast <input type="checkbox"/> Other.....	<b>Distal Pulse</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor
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**Drain :**  NSF  NG tube  ICD  Foley cath  Ventroculostomy tube  
 Redivac drain  Cystostomy  Redivac drain  Colostomy bag  
 .....

**Function Assesment :**  
 Walk >50 m  Assistant needed  Cannot walk  
 Sit Upright < 60 min  Sit Upright > 60 min  Sit only with support  
 Cannot sit  
 Self eating  tube feeding  cannot eat  .....  
**Urination**  Self urination  Diaper  Catheter  condom  
**Bowel movement**  Self care  Diaper  Bed pan  colostomy

**Prognosis for flight**  Good  Fair  Poor  
**Contagious condition**  Yes  No  
**Destinated hospital require**  Yes  No

**Triage level**  
 Resuscitation  Emergency  Urgent  semi-urgent  Non-Urgent  
**V/S** T.....C PR...../min RR...../min BP...../.....mmHg  
 O2 sat.....% Pain score.....

**Lab assessment**  
 CBC : Hb.....g/dl Hct.....% WBC..... PLT.....  
 BUN.....Cr.....Na.....K.....CL.....CO2.....  
 BS.....PT.....PTT.....INR.....อื่นๆ.....  
 CXR.....  
 CT Brain.....  
 Pneumothorax  yes  No Pneumocephalus  yes  No

**Current treatment and medications**  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**Flight Medical Director recommendation**  
 Fit to Fly  Not Fit to Fly  Fit to Fly with special conditions  
**Mode**  Air ambulance  Commercial  
**Wheelchair**  Yes  No  WCHR  WCHS  WCHC  
**Stretcher**  Yes  No  
**Oxygen**  Yes  No  2 LPM  4 LPM  >4 LPM  
 Stanby  Intermittent  Continue  
**Escort**  Doctor  Nurse  Non-med  .....  
**Special Care**  None  Strict Fall/Precaution  LMWH  Insulin  
 Pressure strocking  .....  
**Special Equipments**  Monitor  Defibrillator  Respirator  
 Infusion pump  syring pump  Incubator  
 .....

**Comment**.....  
 .....  
**Assessment :** Date.....time.....  
**Escort**.....RN/MD

**FMD. consultant**.....MD. Code.....  
 ผู้บันทึก.....ตำแหน่ง.....